

**RESPONSE PLAN**\_\_\_\_\_  
*Youth's Name*\_\_\_\_\_  
*JETS #*\_\_\_\_\_  
*Date of Referral*\_\_\_\_\_  
*Source of Referral*\_\_\_\_\_  
*Detention Center*\_\_\_\_\_  
*Detention Contact Person***Reason for Referral: (check all that apply)**

- ☐ The youth is at probable risk of being a danger to self or others, such as a suicidal attempt/gesture or an attempt/gesture to inflict bodily harm on others;
- ☐ The youth has severe behavioral disturbances which results in physical restraint by detention staff (to also include significant injury received by youth and/or detention staff);
- ☐ The youth's total refusal to participate in the program;
- ☐ A request for removal of the youth by detention staff; or
- ☐ A successful/attempted escape or apprehension.
- ☐ Other \_\_\_\_\_

**Explanation/Details of referral (who, what, when, where, why, risks):**


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**Response Plan Developed**\_\_\_\_\_  
*Date*

**Action steps to resolve issue(s) including timelines, follow-up and responsible parties:**

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☐ **Agree**

☐ **Disagree**

\_\_\_\_\_  
*CBS Social Service Staff*

\_\_\_\_\_  
*Probation Officer*

\_\_\_\_\_  
*Detention Staff*

\_\_\_\_\_

**Referred to Regional Manager \_\_\_\_\_ (yes/no)**

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***Complete this section only if an amicable solution/plan can not be reached by the CBS Social Service staff and detention staff.***

\_\_\_\_\_  
**Staffing with Regional Manager/Probation/Social Service Staff**  
*Date*

**Action steps to resolve issue(s) including timelines and responsible parties:**

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\_\_\_\_\_  
*Regional Manager*

\_\_\_\_\_  
*CBS Social Service Staff*

\_\_\_\_\_  
*Probation Officer*

\_\_\_\_\_

\_\_\_\_\_  
*Date*

**If the staffing resulted in no resolution, the case is referred to the appropriate Regional Director.**